MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I"AMENDMENT AFTER AS FILED 2 ™ AMENDMENT AFTER I"AMENDMENT IND. DEP. IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>6</u>2 TOTAL IND. TOTAL IND. TOTAL DEP TOTAL TOTAL CLAIMS.